

St. Clair County Community Mental Health Authority  
**Request for Policy/Administrative Procedure Exception**

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1. Staff requesting: \_\_\_\_\_ Date of request: \_\_\_\_\_

2. Specify policy and procedure, personnel policy, etc., for which the exception is being requested:

a. Policy #/Name (or other specific reference): \_\_\_\_\_

\_\_\_\_\_

b. What is the exception being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Is the request an exception to the entire procedure or only a part thereof? [ ] Yes [ ] No

If only part, explain: \_\_\_\_\_

\_\_\_\_\_

3. Rationale or reason for exception request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. List any extenuating circumstances: \_\_\_\_\_

b. Is this a time limited request? \_\_\_\_\_

4. Supervisor recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

5. Program Director/Assistant Division Director or Support Services Director decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

6. Deputy Director determination: [ ] Approved [ ] Denied

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Contingent Approval: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Deputy Director Signature Date

**FOR APPEAL USE ONLY .....**

1. Appeal Request to Chief Executive Officer- Please re-review this request given the following special circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Appeal Determination by Chief Executive Officer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief Executive Officer Signature Date

cc: Personnel file  
Supervisor  
Program Director/Assistant Division Director  
Staff  
Appropriate Union Chairperson  
P&P Clerical Support